

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

29709

1. PLACE OF DEATH

County Jackson
Township Kaw
City K.C. Mo

Registration District No. 399
Primary Registration District No. 1005
No. Mercy Hospital

File No. _____
Registered No. 3633
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 6215 E 16th St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10-21-32

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
10 20

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. child
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. child
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) K.C. Mo

13. NAME Alfred Naess

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Omaha Neb

15. MAIDEN NAME Marie Ruf

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) K.C. Mo

17. INFORMANT (ADDRESS) Mr Naess
6215 E 16th

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington DATE Sept 13 1933

19. UNDERTAKER (ADDRESS) Ketterlin

20. FILED 9-13-33 1933 M. M. Crane Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-11- 1933

22. I HEREBY CERTIFY, That I attended deceased from 9-11- 1933 to 9-11- 1933

I last saw him alive on 9-11- 1933 Death is said to have occurred on the date stated above, at 5:10 pm.

The principal cause of death and related causes of importance were as follows:

Sepsis - Enteritis Date of onset _____

Other contributory causes of importance _____

Name of operation none Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____ 1933

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) H. W. Drury, M. D.

(Address) Panama, City

Missouri

